

**SAN DIEGO SUPERIOR COURT
Civil Mediation Program
MEDIATOR APPLICATION – 2006**

Please review the court's Information Sheet before you complete the application.

Name:

Organization/Firm/Company:

Address:

City:

Phone Number:

Fax Number:

Email Address:

1. **TRAINING:** Have you satisfied the program's training requirements (as set forth in the attached Information Sheet)? Yes/No _____

If you answered yes, please specify the training you have completed including the training provider, type of training, hours of training, and month/year of the training.

2. **EXPERIENCE:** Have you satisfied the program's experience requirements (as set forth in the attached Information Sheet)? Yes/No _____

If your answer is YES, please complete the attached experience form.

a. How long have you been a trained mediator?

- ☐ 1-3 years
- ☐ 3-5 years
- ☐ 5-10 years
- ☐ more than 10 years

b. How many cases have you mediated since you completed mediator training?

- ☐ 8-10 cases
- ☐ 10-20 cases
- ☐ 20-30 cases
- ☐ 30-40 cases
- ☐ 40-50 cases
- ☐ over 50 cases

3. Are you a member of any other mediator panels or organizations? Yes/No _____

If YES please specify.

4. **EDUCATION:** Please set forth your level of education, degrees received and any professional licenses and or Bar number.

5. Have you ever been 1) charged with, pleaded guilty or no contest to, or convicted of the violation of a felony or misdemeanor; 2) suspended or subject to disciplinary action as a result of an investigation from any professional organization, public entity or mediation program panel or 3) declared a vexatious litigant? Yes/No _____

If yes, please explain in detail.

6. **REFERENCES:** Please provide three references.

At least *two references must be from attorneys or parties* who appeared before you in a mediation.

For each reference, please provide their names, address, telephone number and role in the mediation (attorney, party or co-mediator).

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Relationship to case</u>
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1.

2.

3.

7. **FACILITIES:** Where do you provide mediation services?

8. **DECLARATION:**

I have made full disclosure of all information requested in this application and declare under penalty of perjury that the foregoing is true and correct.

Applicant's Signature

Date Signed

Send applications to:

Linda Craig, ADR Coordinator
San Diego Superior Court
330 W. Broadway, Room 241
San Diego, CA 92112-0128

Review Schedule:

Applications received from March 1, 2006 through May 15, 2006 will be reviewed and applicants will be notified by June 15, 2006. If you are accepted to the panel, you must attend a mandatory orientation session which will be scheduled shortly after the applicants have been notified or you will not be added to the panel. No make up session will be offered.

You will receive a confirmation letter once your application has been reviewed.

**San Diego Superior Court
Civil Mediation Program Experience Form**

<u>Case Name</u>	<u>Panel or Organization You Mediated For</u>	<u>Case Type</u>	<u>Number of Hours of Mediation</u>	<u>Sole Mediator or Panel Mediator</u>	<u>Mediation Date</u>
Example: A v. B or Case No. 12345	Example: Lifeline/SDMC American Arbitration Assn. Private	Example: Real Estate Business Employment	4.5	Panel Mediator	January 2002
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